

# Volunteer Application Form



Wayland Council on Aging

41 Cochituate Road  
Wayland, MA 01778  
508-358-2990



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town/Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Why are you interested in volunteering for the Council on Aging? \_\_\_\_\_

How often would you like to volunteer? Weekly  Monthly  Occasionally

What days are you available? M  T  W  Th  F  It varies

Would you prefer working from your home (making phone calls?) Yes  No

Would you consider a position that involves driving? Yes  No

References: Please list two references who are not related to you – people who can provide a personal or work reference or who can describe your past volunteer work:

1) Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Organization/Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Organization/Relationship: \_\_\_\_\_

***Please see reverse side of application to indicate your particular area(s) of interest. Thank you!***

**FOR OFFICE USE ONLY:**

CORI Submitted (date) \_\_\_\_\_ CORI Approved (date) \_\_\_\_\_ Volunteer on board: \_\_\_\_\_

**Please indicate your area(s) of interest. Many of these jobs can be done on an 'as needed' or substitute basis.**

- |   |  |
|---|--|
| <input type="checkbox"/> Make phone calls to arrange rides to doctor appointments                                 | <input type="checkbox"/> Shop for a shut-in                        |
| <input type="checkbox"/> Drive residents to doctor appointments   | <input type="checkbox"/> Make phone calls to home-bound residents  |
| <input type="checkbox"/> Deliver meals to residents (Meals on Wheels)   | <input type="checkbox"/> Provide general office support at the COA |
| <input type="checkbox"/> Make small household repairs (change a lightbulb, install a screen, change batteries...) | <input type="checkbox"/> Set up for special events at the COA      |
| <input type="checkbox"/> Help prepare our newsletter for mailing  | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Make crafts for our Children's Holiday Shoppe  | _____  |

**Volunteer Agreement:**

*I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I volunteer my services through the Wayland Council On Aging and associated programs. I understand that I am not an employee of the Town of Wayland or the Council On Aging.*

**For Volunteer Drivers:**

*If I use my personal automobile, I will arrange to keep in effect liability insurance equal to the minimum limits required by Massachusetts Law. I understand that the Council on Aging may check my driving record. I understand that I may need to provide a copy of my driver's license and proof of insurance to the Council on Aging.*

**Confidentiality Policy and Agreement:**

*It is very important that we all **respect the confidentiality rights of the clients/seniors we come in contact with.** They have a right to their dignity and privacy. We are also required to abide by the Executive Office of Elder Affairs Privacy and Confidentiality Regulations.*

*In essence, this law requires that any information you receive as a result of your service to a client/senior must be held in confidence. Confidentiality protects the pride and privacy of our clients, and is necessary because we may be exposed to details of their lives that ordinarily would be private. Discussion of these private matters must be limited to the Director of the Wayland Senior Center, the Outreach Coordinator and the Volunteer Coordinator.*

*By signing below, I confirm that I have read and understand the above, that I understand all volunteers are required to have a CORI background check prior to working with seniors, and that any criminal record will disqualify me from serving as a COA volunteer.*

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Signature

Date

**Please return to:**

Ann Gordon, Volunteer Coordinator  
Wayland Council on Aging  
41 Cochituate Road - Wayland, MA 01778  
508-358-2990 [agordon@wayland.ma.us](mailto:agordon@wayland.ma.us)

04/2018



## **Criminal Offender Record Information (CORI) Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, contracted employment or volunteer work

The town of Wayland is registered under the provisions of M.G.L. c. 6, & 172 to receive CORI for purposes of screening current and otherwise qualified prospective employees, contracted employees, or volunteers.

As a prospective or current employee, contracted employee, or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission for the Town of Wayland to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Town of Wayland with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, CONTRACTED EMPLOYMENT OR VOLUNTEER PURPOSES ONLY:** The Town of Wayland may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, the Town of Wayland must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on the reverse side of this acknowledgement form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE REVERSE SIDE**

*We will also want a photocopy of your license or ID. If you are mailing your application, please stop by the COA with your license or ID. CORI forms and ID copies are retained in a locked file in a locked room in the Council on Aging office.*

Please complete all sections:

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Last Name	First Name	Middle Name	Suffix
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Maiden Name (or other name/s by which you have been known)

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Date of Birth	Place of Birth
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Last six digits of your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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Mother's Full Name (including maiden name)	Father's Full Name
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Current and Former Addresses:

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Street number & name	City/Town	State	Zipcode
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Street number & name	City/Town	State	Zipcode
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*\*\* For office use only \*\**

The above information was verified by reviewing the following form(s) of government issued identification:

\_\_\_\_\_

Verified by: \_\_\_\_\_

Name of verifying employee (please print)

\_\_\_\_\_  
Signature of verifying employee